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(57) Abstract

A method of treating, in a human patient, a disease state associated with inhibition of DP-IV by a protein by interfering with the inhibition caused by the protein.

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METHOD OF TREATING INHIBITION OF DIPEPTIDYL AMINOPEPTIDASE TYPE IV

Background of the Invention

This invention relates to treating diseases associated with inhibition of physiologically significant enzymes.

Dipeptidyl aminopeptidase ("DP-IV") is a serine protease (EC number 3.4.14.5) present in many microbes, mammalian cells, and tissues, e.g., renal tubule cells, intestinal epithelium, and blood plasma. It is also present on the surfaces of human CD-4+ and some CD-8+T-cells, and in low amounts in the central nervous system. It is thought to be involved in T-cell activation and immune regulation. Patients infected with HIV, the virus believed to be the causative agent of Acquired Immune Deficiency Syndrome (AIDS), exhibit significantly lowered DP-IV activities.

Summary of the Invention

The present invention features a method of treating, in a human patient, a disease state associated with inhibition of DP-IV by a protein by interfering with the inhibition caused by the protein.

In preferred embodiments, the disease state involves immunosuppression, e.g., such as that associated with HIV infection. Preferably, the method involves interfering with the HIV protein Tat, a protein encoded by HIV which inhibits antigen—induced, but not mitogen—induced, lymphocyte proliferation in cell culture systems. We have discovered that, in AIDS patients, Tat causes DP—IV inhibition and thus immunosuppression. Where the deleterious DP—IV inhibition by the Tat protein involves binding of DP—IV to Tat, the method of the invention

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preferably involves interfering with that binding, e.g., by competitive inhibition using a substance capable of binding to Tat to inhibit DP-IV-Tat binding; a preferred substance includes DP-IV or a Tat-binding fragment or analog thereof.

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Our discovery of the DP-IV inhibiting effect of Tat, and the consequent deleterious suppression of the immune system, also makes possible a method of improving immune function in a human patient, by administering to the patient an immune function improving amount of DP-IV. In a patient infected with HIV, such administration can serve the dual therapeutic functions of "soaking up" harmful circulating Tat protein, while at the same time replenishing depleted, immunostimulating DP-IV.

Our discovery of the Tat-DP-IV interaction also permits the exploitation of that interaction in the treatment of a different class of diseases, in which immunosuppression is desired, e.g., autoimmune diseases such as rheumatoid arthritis and SLE, as well as malignancies such as T-cell leukemias. That method of effecting immunosuppression in a human patient in need of immunosuppression includes administering to the patient an immunosuppressive amount of Tat protein or a DP-IV-binding fragment or analog thereof.

The invention also provides an assay for measuring the amount of Tat protein, and thus HIV activity, in a sample, e.g., a blood sample from an AIDS patient being monitored, that includes the steps of adding a pre-determined amount of DP-IV to the sample and measuring the level of DP-IV activity as an inverse measure of the amount of Tat protein in the sample. Preferably, the level of DP-IV activity is measured colorimetrically.

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The invention provides an effective treatment for patients suffering from immunosuppressive diseases such as AIDS in which DP-IV activity is inhibited. The course of the therapy can be monitored readily by measuring the amount of Tat protein in a serum sample taken from the patient to which DP-IV has been added; the extent to which DP-IV activity is inhibited is a measure of the amount of Tat protein in the sample. The invention also provides an effective means of inducing immunosuppression in patients suffering from certain diseases by administering Tat protein.

Other features and advantages of the invention will be apparent from the following description of the preferred embodiments thereof, and from the claims.

Description of the Preferred Embodiments
We first briefly describe the drawings.

Drawings

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Fig. 1 is the nucleotide sequence and deduced amino acid sequence of DP-IV.

Fig. 2 is the amino acid sequence of Tat protein.

The Tat-DP-IV Interaction

We have discovered at Tat protein found in Patients infected with AIDS inhibits the activity of DP-IV. As a result, when T-cells die they are not replenished at a sufficiently high rate, causing the patient to become immuno-compromised. We thus believe that HIV may act to cause T-cell depletion at least in part indirectly, by production of the Tat protein, which binds to and inhibits DP-IV, and prevents DP-IV from fulfilling its normal function in the T-cell proliferation process.

Therapy

Based on our discovery, we have devised a method for treating patients suffering from

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immunosuppressive diseases such as AIDS that involves interfering with the ability of Tat protein to bind to DP-IV. One way of accomplishing this is to administer DP-IV (or a Tat-binding fragment or analog thereof) to the patient. Administration is preferably by intravenous injection, so that DP-IV is placed directly into the bloodstream. Other forms of administration (e.g., oral, topical, intramuscular, intraperitoneal, parenteral, nasal, or suppository) may also be used.

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Known techniques may be used to improve the efficacy and decrease the side effects of IV-administered DP-IV. To prevent rapid removal of the enzyme from the blood by the liver, DP-IV can be modified by attachment to the enzyme of numerous polyethylene glycol (PEG) molecules. PEG modification of the enzyme could increase half-life and in addition prevent administered enzyme from triggering an unwanted immune response. PEG treatment has been employed successfully with the enzyme adencsine deaminase (produced by Enzon, Inc., New Jersey). Tat could also be removed by administration of antibody (monoclonal or polyclonal) to Tat. Specificity can be enhanced by producing the antibody using, as an immunogen, a region of Tat which binds specifically to DP-IV. It has been shown that transition state analogs of DP-IV substrates bind tightly to and inhibit DP-IV; these analogs, described in Bachovchin et al. U.S. Serial No. 510,274, filed April 17, 1990, hereby incorporated by reference, contain the DP-IV-binding unit Ala-boro Pro. Antibodies to these transition state analogs can be expected to bind specifically to Tat.

The amount of DP-IV administered is selected to cause the total circulating DP-IV level to be higher than the Tat protein level. In this way, a portion of the DP-IV is available to bind to the Tat protein,

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thereby causing it to be eliminated from the body, and the remaining portion is available to replenish depleted DP-IV levels in the body. Once normal DP-IV levels are restored, the body can begin replenishing depleted T-cells. Once normal immune function has been restored, the immune system may be able to more effectively combat HIV.

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The proper DP-IV dosage is selected by first measuring the level of Tat protein in the patient. is preferably done by titration, i.e., by adding a 10 pre-determined amount of DP-IV to a serum sample taken from the patient and then measuring the extent to which the Tat protein inhibits DP-IV activity, using standard protocols. Once the Tat protein level is known, an excess of DP-IV (e.g., 2-3 times the molar Tat level) is 15 administered to the patient, in a conventional pharmaceutically acceptable carrier, e.g., saline. Typical dosages are 1 - 500 mg/kg/day. AIDS patients may require periodic, e.g., daily, administration of DP-IV for life, much as a diabetic requires regular 20 insulin injections for life. DP-IV can be administered in conjunction with other therapies, e.g., anti-viral agents such as AZT. DP-IV administeration could also be carried in conjunction with administeration of one or more products of DP-IV enzymatic action, e.g., cleaved 25 cytokines, to replenish those products depleted by DP-IV deficiency. Cytokines, e.g., $IL-1_B$ and IL-2, which might be acted upon by DP-IV could be administered as well.

Both DP-IV and Tat protein have been cloned and expressed, and can be made in quantity using conventional recombinant cell growth techniques. DP-IV is described in Hong et al., Proc. Natl. Acad. Sci. USA 84:7962-66 (1987), and the nucleotide and amino acid sequence of DP-IV is shown in Fig. 1. The Tat protein

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is described in Frankel et. al., Proc. Natl. Acad. Sci. USA 86:7397-7401, and the amino acid sequence of Tat protein is shown in Fig. 2. Appropriate DP-IV or Tat-binding fragments or analogs of each protein can be determined using standard screening techniques.

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A second approach to therapeutically interfering with binding between Tat protein and DP-IV is to prepare a chromatography column containing DP-IV (or a Tat-binding fragment or analog thereof). Blood from the patient is then passed through the column as in kidney dialysis. The DP-IV in the column binds Tat protein in the blood, thereby removing it from the blood. The cleansed blood is then returned to the patient.

Other embodiments are within the following claims. For example, the above-described procedures can be modified to treat patients suffering from diseases characterized by an excess of white blood cells such as leukemia by substituting Tat protein for DP-IV in the therapeutic method.

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	CLAIMS
1	1. A method of treating, in a human patient, a
2	disease state associated with inhibition of DP-IV by a
3	protein, said method comprising interfering with said
4	DP-IV inhibition by said protein.
1	2. The method of claim 1 wherein said disease
2	state involves immunosuppression.
	3. The method of claim 2 wherein said
1 2	immunosuppression is associated with HIV infection.
•	4. The method of claim 3 wherein said protein
1 2	is HIV Tat protein.
1	5. The method of claim 4 wherein said DP-IV
2	inhibition by said Tat protein involves DP-IV-Tat
3	binding, and said interfering with inhibition is carried
4	out by interfering with said binding.
1	6. The method of claim 5 wherein said
2	interfering with said binding is carried out by
3	competitive inhibition using a substance capable of
4	binding to Tat to inhibit DP-IV-Tat binding.
1	7. The method of claim 6 wherein said
2	substance comprises DP-IV or a Tat-binding fragment or
3	analog thereof.
1	8. A method of improving immune function in a
2	
	8. A method of improving immune function in human patient comprising administering to said patient

an immune function improving amount of DP-IV.

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1	 A method of effecting immunosuppression in
2	a human patient in need of immunosuppression, said
3	method comprising administering to said patient an
4	immunosuppressive amount of Tat protein or a
5	DP-IV-binding fragment or analog thereof.
1	10. An assay for meausuring the amount of Tat
2	protein in a sample comprising the steps of
3	adding a pre-determined amount of DP-IV to said
4	sample; and
5	measuring the level of DP-IV activity as an
6	indication of the amount of Tat protein in said sample.
1	11. The assay of claim 10 wherein said level
2	of DP-IV activity is measured colorimetrically.
1	12. A method of removing Tat protein from a
2	sample of human blood, comprising contacting said sample
3	with a substance which is capable of specifically
4	binding Tat and which is coupled to a solid support.
1	13. The method of claim 12 wherein said

subtance is DP-IV, coupled to a column.

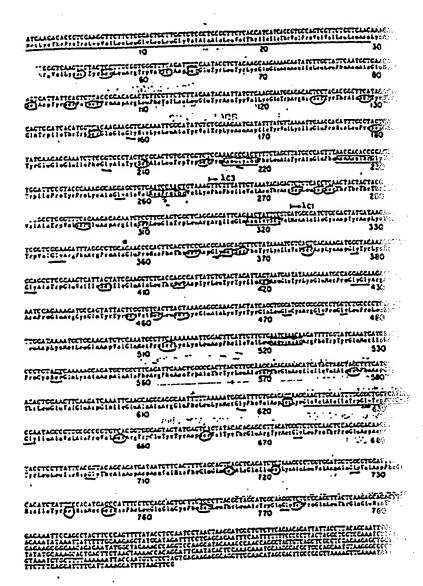


Fig. 1

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Ala Cys Thr Asn Cys Tyr Cys Lys Lys Cys Cys Phe His Cys Gln Val Cys Phe Ile Thr

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Lys Ala Leu Gly Ile Ser Tyr Gly Arg Lys Lys Arg Arg Gln Arg Arg Pro Pro Gln

Gly Ser Gln Thr His Gln Val Ser Leu Ser Lys Gln Pro Thr Ser Gln Ser Arg Gly Asp

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20 Thr Gly Pro Lys Glu

Fig. 2

INTERNATIONAL SEARCH REPORT

International Annie to PCT/US91/03571

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III. DOCUM	FC1 SENTS CONSIDERED TO BE RELEVANT (CONTINUED FROM THE SECOND SHEET	7/US91/03571
Category • I	Citation of Document, with indication, where appropriate, of the relevant passanes	Polevant to Claum No
Y, P	BTOL. CHFM. HOPPE-SEYLER, Volume 371(8), issued August 1990, E. Schon et al., "Dipeptidyl Peptidase IV in the Immune Systems", pages 699-705, see summary, and discussion especially page 704 first paragraph.	1-7
Y, P	JOURNAL OF LEUKOCYTE BIOLOGY, Volume 48(4), issued October 1990, R.W. Barton et al., "Binding of the T Cell Activation Monoclonal Antibody Tal to Dipeptidyl Peptidase IV", pages 291-296, see abstract, introduction and discussion.	1-7
Y, P	PROC. NAT'L ACAD. SCI., USA, Volume 88, issued 15 February 1991, G.R. Flentke et al., "Inhibition of Dipeptidyl Aminopeptidase IV (DP-IV) by Xaa-boro-Pro Dipeptides and Use of These Inhibitors to Examine the Role of DP-IV in T-Cell Function", pages 1556-1559, see abstract, introduction and discussion.	1-7
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VI.V	BSEBYATIONS WHERE UNITY OF INVENTION IS LACKING !
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Group I, Claims 1-7, drawn to method of treat disease state immunosuppression by binding TAT with DP-IV, classified in 424, subclass 94.63.

Group II, Claim 8, drawn to method of improving immune functional administering DP-IV, classified in Class 424, subclass 94.6. Group III, Claim 9, drawn to effecting immunosuppression by administering TAT, classified in Class 514, subclass 2. Group IV, Claims 10-11, drawn to assay for TAT in sample by binding to DP-IV and measuring DP-IV activity, classified in Class 435, subclass 24.

Group V, Claims 12-13, drawn to method of removing TAT from blose using a DP-IV affinity column, classified in Class 435, subclass 2.